WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED AUG 5 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25786

1. PLACE OF DEATH
County Pike
Township Ashley
City RR
Registration District No. 277
Primary Registration District No. 4407 594
File No.
Registered No. 30
(No. , St. Ward)

2. FULL NAME Laura Payne
(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE 3 Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1 Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ed. Payne
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS 54 MONTHS Dont know DAYS If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) 6/1/42
11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana Mo

FATHER
13. NAME Dont know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " 9

MOTHER
15. MAIDEN NAME Dont know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " 9

17. INFORMANT (ADDRESS) Frank Nestor Ashley Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bowling Green DATE 6/27 1943
19. UNDERTAKER (ADDRESS) Frank Nestor Ashley Mo
20. FILED 6/26 1943 Wm Frank Gordon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/26 1943
22. I HEREBY CERTIFY, That I attended deceased from 6/10 1943 to 6/26 1943
I last saw her alive on 6/25 1943 Death is said to have occurred on the date stated above, at 1 a. m.
The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy. Date of onset Jan 1 43
Other contributory causes of importance:
Hypertension 8 3a
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J M Mathews, M. D.
(Address) Bowling Green Mo

RECEIVED
District Health Officer No. 10
District File Number 8-43-1226
Date Filed AUG 1 1943